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APPLICATION NO.	FILING DATE	F	FIRST NAMED	INVENTO	R	ATTORNEY DOCKE	T NO.	CONFIRMATION NO.	
10/032,633 10/19/2001			James M. Kain			20341-68796		6018	
TITLE OF INVENTION:	JUVENILE SEAT CUP HOL	DER		•					
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBL	ICATION FEE	TOTAL FEE(S) DU	JE	DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700		02/21/2006	
EXAMINER		ART UNIT		CLAS	S-SUBCLASS	1			
GARRETT, ERIKA P		3636		29	97-188010	_			
☐ Change of correspondence address (or Change of Corresponden Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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(A) NAME OF ASSIG	NEE	(B)	) RESIDENCE	E: (CITY a	and STATE OR CC	UNTRY)			
Cosco Mana	agement, Inc.			Wilm	inĝton, De	elaware			
Please check the appropria	te assignee category or catego				Individual ଯ 🤇	Corporation or other pr	ivate group	entity Governn	
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